This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/16/2007</u>	Address:	12452 Bonnie Ln Lot. 89	
Case #:	24F28604		Middlebury, IN 46540	
County:	Elkhart		<u>-</u>	
Operati	aboratory Seizure (check one) ional Lab cal/Glassware/Equipment (only) ite (only)	Seizure Location (o	check all that apply) Hotel/Motel Open – No Structure Other:	
Corrosing	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s): Bedroom osphorous/Iodine Reaction(s): able Solvents: Bedroom Reactive Metal (Lithium): Bedroom ous Ammonia: Bedroom hloric Acid Gas Generator(s): Bedroo ve Acid: Bedroom ve Base: tem and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencie Fire Department: Middlebury Fire		☐ Ephedring ☐ Retail/Me ☐ Other: ☐ cies that serve the lo Fax: 574-82	Fax: <u>574-825-1466</u>	
	artment: Elkhart County	Fax: <u>(574) 2</u> Fax:		
For further i	information regarding this methamphe	etamine laboratory, co le <u>1</u> -800-552-2959	ntact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.